

**State of California  
Department of Mental Health**

**REQUEST FOR PROPOSAL**

**Traumatic Brain Injury Project Independent Evaluation Addendum 1, May, 2003**

**Project #: 02-72227-000**

**Questions and Answers**

**May 29, 2003**

- (1) **Q:** On page 12 of the TBI Independent Evaluation RFP a reference is made to the “Initial Assessment Form” that is currently under revision. Given the revision stages, is it possible that you could inform us as to the anticipated number of items that make up this form? Are the items fixed response or open-ended? Is the new form the only version that is to be utilized in this evaluation?

**A:** Please see the following link for an example of a current assessment form used by one of the TBI Project Sites. [Initial Assessment Form](#) This form is a sample, it is not the final form. It is anticipated that the final Assessment Form will be similar in content and format – mostly fixed response.

- (2) **Q:** What computer resources do the TBI project sites have? Do they have staff to enter data? Do they have database software such as Microsoft Access?

**A:** Computer resources vary from site to site. The sites do not have staff to enter data. At some sites, the professional staff, that provide the TBI services, enter the data. Currently, the TBI sites do not use a uniform software application. At least four of the seven sites have Microsoft Access software, but not necessarily compatible with each other.

- (3) **Q:** How often (or when) does a client complete the Community Integration Questionnaire?

**A:** The Community Integration Questionnaire is given at the initial assessment, at 6 months, 12 months, 18 months and annually thereafter (if an individual is still receiving services through the site).

- (4) **Q:** Are there currently any standard forms for collecting basic data for the Site Statistics Report (Appendix C)?

**A:** No. To the best of our knowledge the Site Statistics Report is the form used.

- (5) **Q:** Is there a uniform set of assessments that are used across sites to assess levels of client functioning, assistance required, mobility, communication skills,

psychosocial adjustment, and cognitive functioning (TBI Site Objectives, p. 15 of RFP)?

**A:** Currently, the only standardized assessment tool used by all the sites is the Community Integration Questionnaire (CIQ) to assess degree of integration. To the degree that other standardized information on assistance required, mobility, etc. is identified, it would be on the Initial Assessment Form similar to the example provided in Answer #1.

According to the CIQ syllabus:

The CIQ can be further divided into three subscores. Subscores have been developed to allow an analysis of integration within specific domains of everyday life. Items have been grouped with respect to their association with 1) activities primarily related to the home; 2) activities associated with socialization; and 3) education, vocational or other productive activities outside the home."

(6) **Q:** Can we get a copy of the Initial Assessment Form?

**A:** See answer #1.

(7) **Q:** On page 12 of the RFP, Task 3 gives an estimate of 1,000 to 1,200 participant records. Is this the desired sample size or an estimate of the number of participants across all sites in the project?

**A:** It is an estimation of participant records across the sites. It is expected that the evaluator will determine the appropriate sample size.

(8) **Q:** How long do the sites maintain individual participant records?

**A:** Data on individual participants have been kept for several years by the original four sites. It is not expected that historical records will provide appropriate information. The data used for the evaluation will be current data beginning in February, 2003.

(9) **Q:** Are the records available to the evaluator?

**A:** Records will be available as appropriate, governed by HIPAA regulations.

(10) **Q:** Do the sites have uniform entrance and exit criteria?

**A:** The sites have uniform entrance requirements. There are no uniform exit requirements at this time.

(11) **Q:** How long do the sites maintain training records.

**A:** The current sites have data on the number of workshops/seminars

provided for Professionals, Participants, and Family members. Documentation of outcomes of training varies from site to site.

(12) **Q:** Do the sites maintain lists of people who participated in training and education?

**A:** Varies from site to site.

(13) **Q:** How long have the sites used the reporting form that is Appendix C?

**A:** Since July 2002

(14) **Q:** How long have the sites used the Community Integration Questionnaire?

**A:** Since February, 2003

(15) **Q:** Is the Community Integration Questionnaire administered more than once for each participant? If so, at what time intervals?

**A:** Please see the answer #3..

(16) **Q:** Appendix F: "California Disabled Veteran Business Enterprise Program Requirements" states on F-3 that advertisements are mandatory unless waived by the awarding department. Is the Department of Mental Health waiving the advertising requirement under this solicitation? Could the Department provide examples of the types of functions provided by DVBEs under similar types of contracts?

**A:** Per page 21 of the RFP narrative, for questions related to DVBE, please contact Tami Harris at [tharris@dmhhq.state.ca.us](mailto:tharris@dmhhq.state.ca.us) in the Contracts Unit of the Department of Mental Health.

(17) **Q:** For each of the Traumatic Brain Injury (TBI) project sites could you please provide: The date the site became operational; the number of individuals served in 2002 per quarter per site, the number of individuals served in 2003 thus far per quarter per site, and a projection of quarterly enrollment for the rest of 2003 (if available). If not available per quarter, the annual number served for 2002 and a projection for 2003; and the average length of time that an individual is served by the site

**A:** Mercy Healthcare, Betty Clooney Foundation, St. Jude and Central Coast Center for Independent Living became operational in 1990. RCH became operational in 2001. Central Coast Neurobehavioral Center and Making Headway will begin in June, 2003. The 5 sites currently maintain a total of approximately 400 open cases. The two new sites are expected to serve a total of approximately 50 participants in their first contract year with the Department of Mental Health. It is estimated that the 7 sites will serve approximately 585 participants in Fiscal Year 2003-04. The numbers of

individuals served do not include callers for information/referral or the number of individuals participating in workshops/seminars through the sites. The average length of time that an individual is served by the site varies from 18 months to several years.

- (18) **Q:** Does the Department believe that the evaluation can measure all of the objectives listed in the five bullet points on page 11 of the RFP with existing data?

**A:** Yes, except for objective presented in the final bullet: The extent to which Participating programs result in reduced state costs for institutionalization or higher levels of care, if such an estimate can be obtained within the amount of funds allowed for the evaluation. (Please note that DMH does not anticipate that this can be accomplished within the amount of funds available for the Independent Evaluation.)

- (19) **Q:** What individual level data currently exists beyond the “Community Integration Questionnaire”? For example, is there satisfaction data, functional status, health service utilization, vocational or other social service utilization data available? If so, is this information centrally located and available from the Department of Mental Health or would it need to be obtained from each site? How often is it collected?

**A:** Information varies from site to site. The Department of Mental Health does not keep centrally-located information. Each site maintains its own participant information. Information is collected at the initial evaluation, at 6 months, 12 months, 18 months and annually thereafter. Arrangements will be made with the contracted evaluator to get the necessary data.

- (20) **Q:** How often is the Community Integration Questionnaire Administered? Can the data be used to measure change over time? Are these data available from the Department of Mental Health or would it need to be obtained from each site?

**A:** See Answer #3 for frequency of completion of the CIQ. Yes, the data can be used to measure change over time. Whether the data will be available through the Department of Mental Health or the individual sites is still being determined.

- (21) **Q:** The RFP mentions an Initial Assessment Form, which is currently being revised. Could the Department please provide a listing of the data elements that will be available from this form? When does the Department expect to have the new form available to the sites and when will it replace the old form (i.e. will the evaluation contractor be using data from two different versions of the form)? Could the Department please characterize the changes being made to the form?

**A:** See answer #1 regarding availability of an example of the Assessment form.

The new form is expected to be in place in August, 2003. The goal for the revision of the assessment form is to make it uniform and to update the questions being asked, where needed.

(22) **Q:** The funding allocated for the evaluation would not support much travel for out of state evaluators. Does the Department believe it will be necessary to visit each of the sites in person to meet the objectives of the evaluation? Does staff from the sites ever meet together in one place and, if so, how frequently does this occur? Would the Department be able to convene a meeting with representatives of the sites in one location for a meeting with the evaluation contractor?

**A:** It will be up to the bidders to decide if there is a need to visit each of the TBI Project Sites in order to accomplish the objectives of the Independent Evaluation. The evaluator could meet with the site directors at their quarterly meetings.

(23) **Q** In reviewing III. B. Required Activities and Deliverables on page 13 of the RFP, what deliverables/activities does DMH expect to take place between the Final Legislative Report due on November 3, 2004 and all work completed due on January 31, 2005?

**A:** Any final modifications to the Legislative Report up until submission to the Legislature.

(24) **Q:** The proposal is silent on small business preference. Is that because the amount of the contract is fixed?

**A:** Addendum 2 has been prepared to advise potential bidders of the Small Business Preference Program and is posted on the Department of Mental Health website.

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